MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9 Film 0212 3-13-57 et CERTIFICATE OF DEATH

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Middle

S.

Domestic

16. SOCIAL SECURITY NO.

20d. INJURY OCCURRED

Not while

at work

While

at work

First

WIDOWED

Celest

Negro

(If yes, give war or dates of service)

IMMEDIATE CAUSE (o)

DUE TO

DUE TO

Doy, Year

19

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. countypalbot Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Aroura St. YES NO 4. DATE Month Day Year OF Ban tum DEATH 28 19 AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 4-4-08 DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? South Carlina U.S.A. 14. MOTHER'S MAIDEN NAME Unknown 17. INFORMANT Address Joseph Bantum. Easton Maryland INTERVAL BETWEEN ONSET AND DEATH beau osderatio Hear PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20e. PLACE OF INJURY [Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) L., that I last saw the deceased and that death occurred at .c.M., from the couses and on the date stoted above. ADDRESS (Street, city or lown, state) DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)

21. I certify that I attended the deceased from

BATE THEREO

Month,

226.

Richardson

Md.

23. FUNERAL DIRECTOR'S STONATURE

ADDRESS

240 REC'D BY REGISTRAR

Cem.

24b. REGISTRAR'S SIGNATURE

220. BURIAL, CREMATION,

Bur I A Specify

DATE

Easton

2

MOY

O 0 PRIABEL OF DEATH

BUREAU V. E.

SECT 8 RAM

DECENTED

CERTIFICATE OF DEATH 2180 Reg. Dist. No. director, iled with I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY (MARYCAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negresi lown) should EASTO d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 80 ON A FARM? 24 haurs YES NO 3. NAME OF First Middle Lost 4. DATE Day Yeor DECEASED (Type or print) DEATH 19 within ? 5. SEX 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months. Days Hours Min. DIVORCED | WIDOWED K popers. fres 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? deoth. maruland puo NOY carbon 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN WAME physician Blake homas remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IMPORMANT Address ottending 18. CAUSE OF DEATH [Enter only one couse per line-for (o), (b), and (c).) NTERVAL BETWEEN ONSET AND DEATH ā. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** 2 permit. Conditions, if any, which gned gove rise to immediate DUE TO couse (a), stating the underbeen si lying couse lost. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO or attending 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) use factory, street, office bldg., etc.) 0. [1. While Not while of work of work 21. I certify that Yattended the deceased from 19.5.7. that I last saw the deceased oched and that death occurred at 1:30 A/M, from the causes and on the date stated above. alive on DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior D AL JOU HOSPITAL PHYSICIANY ror NAME (Type FUN 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) pode REMOVAL (Specify) YOU. wron 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

FEB 19 1957

BUREAU V. S.

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



BUREAU V. S.

by the funeral director,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the durath certificate be executed within 24 hours ofter death.

may be retained by the haspital or attending physician.

O FUNY* At DIRECTOR: After this certificate has been signed by the attending physician and completely filler page.

**Property of the property of the page of the partial permit. Then please remayer carbon papers. Pages the registrar prior to burial, cremation, or remayal, and in any event within 72-Mours after death.

VS A15 (4) 15M 9/55 02196

2182 CERTIFICATE OF DEATH

Reg. Dist. No.

2110

	ALC:	2				Reg. Dist. N	٥.	140
1. PLACE OF DEAT	t	MARYLAND	2. USUAL RESIDENCE (W	hera deceased		Talbot		iion}
	N (If autside corporate limits, write re nearest town) DN1	Life	c. CITY OR TOWN (IE.	outside corpor	rote limits, write R	URAL and give n	egrest tow	n)
OR INSTITUTE	SPITAL (If not in hospital, give stre Easton Point	et address)	d. STREET ADDRESS				_	SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Ella	Middle B1	rooks	4. DATE OF DEATH	Mon 2-	th 25	Day	Year 19 E
5. SEX		RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 5/25/189	NA.	9. AGE (In years lost bighday) yrs.	Months Doys		ER 24 HRS. Min.
00. USUAL OCCUP during most of None	ATION (Give kind of work done 10 working life, even if relired)	b. KIND OF BUSINESS OR INDU None	STRY 11. BIRTHPLACE (Stole Marylan		ountry}	12. CITIZEN	OF WHAT	
Mose .			14. MOTHER'S MAIDEN I					
5. WAS DECEASED	EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. I	nformant Irene Brow	n	East Last		oint	
gove rise 1 cosse (o), stor lying couse 1 Part II.	OTHER SIGNIFICANT CONDITION	Coror of Devel (1) B CONTRIBUTING TO DEATH BUT L PLLED ESCRIPT HOW INJURY OCCURRE	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1108	19. WAS PERFO	AUTOPSY DRMED? NO ID
20c. TIME OF IN Hour o.	ING CI CAUSE OF DEATH IFFY MEDICAL EXAMINER) JURY Month, Day, Year 20d m. 19 of w	. INJURY OCCURRED 20e. PL fo fo fo fo fo fo fo f	ACE OF INJURY IHome, formation, street, office bldg., etc.	n. 20f. (City	or lown)	{County		(State)
alive on	that I attended the dece	77, and that death	accurred at S		the causes a		ate state	
ACTUAL SIGNATURE	full Bu	ell	M.D. Challa	ADDRESS (S)	reet, city of town,	stote)	3-/-	-17

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		113	193	N

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) should be RURAL and give nearest town) 五日 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Private home YES NO D NAME OF First Middle 4. DATE Last Month Year Day DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) 7. MARRIED THEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Hours WIDOWED [DIVORCED | 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 0. M M 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (cle) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise la immediale **DUE TO** catse (a), slating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES T NO C 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, fenter nature of injury in Part I or Part II of item 18.1 OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) While Nat while at wark at work 21. I certify that I attended the deceased from 2...that I last saw the deceased and that death accurred at 10 - IM, from the causes and an the date stated above. alive on_ ADDRESS (Street, city of lawn, state) ACTUAL SIGNATURE 90 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BLL R 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAT 7246. BEDISTRAR'S SIGNATURE DATE 15M 9/55

death. uneral

within 24 hours

physician

DIRECTOR:

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TO HOSPITAL

BECEINED

teB 52 1925

BUREAU V. S.

MEDICAL EXAMINER	'S CERTIFICATE OF DEATH Reg. Dist. No. 290
1. PLACE OF DEATH Talbot MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY d. (1)
b. CITY OB TOWN (If outside corporate limits, write BURAL C. LENGTH OF STAY IN 16	c. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest lown)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) /	Lost 4. DATE Month Day Year OF DEATH 195
5. SEX 6. COLOR OR RACE 7. MARRIED NOVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years out brithday) 5-28-1929 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS Moniths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even of retired).	ISTRY 11. BIRTHPLACE (State or foreign country) Md. 12. CITIZEN OF WHAT COUNTRY USC.
13. FATHER'S NAME.	Lola May Keurs
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (You. 20) of unknown) [If yes, give wor or dollers of service] 215-26-3956	Informant David N. Cole, Prestow mo
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY.	1 - 16 + 101 + TID I INTERVAL BETWEEN UNSET AND OBATH
9/4,1 DUE TO	
Conditions, if any, which gove rise to immediate cause	
(a), stating the underlying DUE TO cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH.	(Enter nature of injury in Port I or Part II of item 18)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Haur a.m. 12 7 of work of work of work	LACE OF INJURY (Home, form, cotary, street, affice bldg., etc.) (Stole)
21. I certify that I taak charge of the remains described ab	pave, held an Autapsy 🔲, Inspection 🔀, Inquiry 🔲, and find the
death resulted from: Natural causes [], Accident [], Si	uicide [], Homicide [], Undetermined cause [].
ACTUAL SIGNATURE L'1-, DIVIERT	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S LTV. (// //	ASSISTANT MEDICAL EXAMINER D
220 BURIAL CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, loying or county) (State)
J. J. Tramptom El Son, Televalstry haryland	DATE 1/4/57 246. REGISTRAR'S SIGNATURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 havis offer death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Itam 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for eat the Clife Medical Examinan's Office along with form PM3. Tage II may be rationed from Yes.

TO FELERAL DIRECTOR: Page II should be used in its birmiol-transit permit. File pages 1 and 2 with the regist of Striar to burial, cremation,

or remonol.

VS A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH Rea, Dist. No. With director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed III institution: Residence before admission) COUNTYTalbot be filed b. COUNTY MARYLAND Mary Land al bot death. eral b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give neorest lown) plands Mc Daniel d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e IS RESIDENCE YES | NO [3 NAME OF First Middle 4. DATE Lost Month Day Year DECEASED (Type or print) DEATH John Cooper 1900 within 5. SEX 6. COLOR OR RACE 7. MARRIED TINEVER MARRIED T B. DAYE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min. [8] e DIVORCED | Col WIDOWED [100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Tabe mani Orceateman. i fair al wad pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 physician John Bull Cooper Miza Thiobb гетоле 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address ottending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVALBETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **DUE TO** permit. ony Conditions, if ony, which ? gove rise to immediate **DUE TO** codse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Slate) factory, street, office bldg., etc.) While O. m. Not while of work of work 21. I certify that I attended the deceased fram. That I last saw the deceased death accurred at alive an M. from the causes and an the date stated above. ADDRESS (Street, city DATE SIGNED DIRECT ACTUAL prior SIGNATURE o PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCKTION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY FUF (Stote) poge 2-9-57 he 30000 6 o 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 7 223 1 1477 DATE ISM 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

LEB EZ 1957

2184 **CERTIFICATE OF DEATH** Reg. Dist. No. 29 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CHX OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negres! town) Heens boso - 112 2 d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO embere 3. NAME OF Middle 4. DATE Month Yeor Day DECEASED OF (Type or print) 1957. 5. SEX 7/ MARRIED FLINEVER MARRIED 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Davs Make WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? UiSa Te/1172.01 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 760 X DUE TO Conditions, if any, which ! gove rise to immediate **DUE TO** abete Engellitus couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES | NO DE 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or lown] Doy, Year (County) (State) Hour a. n. factory, street, office bldg., etc.1 While Not while 19 of work at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased alive on___ and that death occurred ot 1206M/from the causes and on the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL SIGNATURE 6 HOSPITAL PHYSICIAN'S NAME (Type) 220, BURIAL, CREMATION, 22b. DATE THEREOF 27c. NOWE OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specif) 2 2 FUNERAL-BIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 84b REGISTRAR'S SIGNATURE VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 2185 Reg. Dist. No. 290 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution; Residence before admission) o. COUNTY Filed b. COUNTY MARYLAND ij deoth. uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) TO asto - cos 100 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? S. Washmedo St YES NO 6-222121 W NAME OF Middle 4. DATE Year 24 DECEASED (Type or print) DEATH 19 within 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED TO B 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH Months Doys Hours Min. DIVORCED T WIDOWED [7] yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. KIRTHPLACE (Side or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) deal pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ò 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT ddress (If yes, give wor or dotes of service) 1B. CAUSE OF DEATH [Enter only one couse partine for (o), (b), and (c) NITERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which] Bued gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Slate) foctory, street, office bldg., etc.) Hour q. n. While Not while ol work of work p. m. 21. I certify deceased from and that death accurred at 3.41.74. M, from the causes and on the date stated above. ACTUAL SIGNATUR 0 PHYSICIAN'S NAME (Type) 226. DATE THEREOF 220. BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or couply) (Slote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 15M 9/55

BUREAU V. S.

SECEINED

			MEDICAL EXAMINER'S CERTIFICATE OF DEATH
ion de			2186 Reg. Dist. No. 290
should cremati			PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased liver). If institutions Residence before admission)
- S - S	,		a. COUNTY 14/bot MARYLAND O. STATE MORYLAND COUNTY
ige right			b. CITY OR TOWN (If autise corporate limits, write RURAL and give nearest town) and give nearest town)
Pa Pa			EASTON BASCHEDING CONSONOUNE
far.			d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) d. STREET ADDRESS e. IS RES.DENCE
× 5 5 5			Memorial Hospital Stiff 12005 YES NO D
e +		3.	NAME OF DECEASED O / First Middle , Last JR 4. DATE Month Day Year
ny your			(Type or print) Charles FBEdruck DEATH FEBRUARY 15 1951
a de		\$.	SEX 7 6 COLOR OR RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IN year IF UNDER 24 HRS.
₹ 0 ° €			Male widowed Divorced May 3/ 1939 Tost Doys Hours Min.
The second		100	JUSUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foleign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
and	- 1	1	Welson Clan Digge Ma By land USH-
19. E		13.	FATHER'S NAME
1 5 5 5 T			(harlestredesick DEIteick) Thory Anales
Poges	p }		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
Give		1	(If yes, give war or dates of service) Charles tribuel Settick - Grasmirile Md
M3. G			18. CAUSE OF DEATH [Enter only one couse por line for (a), (b), and (c)
n P			PART I. DEATH WAS CAUSED BY, anto accedent Fractured Stand.
recu for rist			γ
i i i i i i i i i i i i i i i i i i i	1		Canditions, if any, which) (b) (DM/V/75/04) 04- //VEY
Id to			gave rise to immediate cause (a), stating the underlying
hau olo olo u bu			cause last. (c) He1770/DeD' / OMEVITT
it in the same of		Z	PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY
Ping Ping	1	CERTIFICATION	PERFORMED? YES.™ NO □
gert Per Per's		TIFE	206. EXTERNAL CAUSE WAS PRIMARY D'ar CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of 'tem 18.)
amilia ila			CAUSE OF DEATH. Jus Custon Calledad -
Share Share		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Fig. 6	1	MED	Hour a m. 2 15 1957 While Not while State Propher Brasonville 2. Q. Md
A We was			21. I certify that I took charge of the remains described above, held an Autorsy , Inspection , Inquiry , and find that
wright Wright			deoth resulted from: Notural causes, Accident, Suicide, Hamicide, Undetermined cause
ete.			
AEMINITICA THE DIRECT	1		SIGNATURE W. Descrip frakes M.D. CHIEF MEDICAL EXAMINER [] BATE SIGNED
Y M	2		ASSISTANT MEDICAL EXAMINER 2/16.57
The The			NAME (Type) DEPUTY MEDICAL EXAMINER
E Per conte		220	POPIAL CREMATION, 1226, DATE THEREOF 226, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City town, specular) (State)
F 0 0			Built Det, 19 1957 touch Tack metry Bottomin There
VS. ATSME(S)	di	79	FUNERAL DIRECTOR'S SIGNATURE A ADDRESS A ADDRESS A ADDRESS SIGNATURE
SM 9/55	1	1	uto for, by form the putory, commende, purposed DATE 1, 9/57 / 1. The level a
		0.0	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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LEB 53 1827

02203

CERTIFICATE OF DEATH

	GZ	OEK!!!!O!		Reg	Dist. No. of 70
1. PLACE OF DEATH B. COUNTY Talbot		MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md	b. COUNTY Ta	idence before odmission) 1 bo t
b. CITY OR TOWN (If autside of RURAL and give nearest lawn Oxford	arporate limits, write	c. LENGTH OF STAY IN 16	CCITY OR TOWN LIFE	outside corporate limits, write RURAL o	and give nearest tawn)
d. NAME OF HOSPITAL (If not a OR INSTITUTION	n hospital, give street	address)	d STREET ADDRESS		o, is residence on a farm? YES \(\) NO \(\overline{L} \)
3. NAME OF DECEASED (Type or print)	Fint S.	Wayman Del	ehay		Day Yeor 1957. 19
male w	widowi	DIVORCED		894 for herhdoy) Mont	
during most of working life, ex Poultry gr	en if retired)	own business or indu	ss Oxford	Md	CITIZEN OF WHAT COUNTRY
Jesse A. D	elehav		Togenhi	ne Bridges.	
15. WAS DECEASED EVER IN U. S. (Yes, no. or unknown) (If yes, give w			NFORMANT	Address	oford.
18. CAUSE OF DEATH [Enler PART I. DEATH WAS C IMMEDIA		5 P	axia_		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	10)	Chronic but	war ary eur	ply seur and	. (?)
codse (o), stoting the under- lying cause lost.	(c)	Orteo chord	inua - Rl.	chut mel	1042.
CATE				INAL DISEASE CONDITION GIVEN IN	PART I(o) 19. WAS AUTOPSY PERFORMED YES NO SE
	OF DEATH EXAMINER)	CRIBE HOW INJURY OCCURRE			
20c. TIME OF INJURY Month, Hour a. m. p. m.	While	NJURY OCCURRED Not while t at work	ACE OF INJURY (Home, form chary, street, office bldg., etc	20f. (City or town)	(County) (Slate)
21. I certify that I atte	ended the deceas	- 7	accurred at	M, fram the causes and a ADDRESS (Street, city ar lown, stote)	t I last saw the decease in the date stated abov DATE SIGNE
SIGNATURE / /ZEE	Mor Ha	u	M.D. Cr. /2	a May land	4 tels7
PHYSICIAN'S IHUR		TRRISON			
22m BURIAL, CREMATION, 22b. C. REMOVAL (Specify)		22c. NAME OF CEMETERY O	R CREMATORY	Oxford Md	nly) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	1/	ADDRESS	24a. REC' DATE &	D BY REGISTRAR 24b. REGISTRAR	STONATURE

in by the funecol director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

2 FUT AL DIRECTOR: After this certificate has been signed by the ottending physician and completely filling page.

Found be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar priar to burial, cremation, or removal, and in any event within 72 hours ofter death. 10 FU7 YS A1S (4) 1SM 9/SS

2 .V UATE !

FFB 13 1957



b. COUNTY

lost birthday)

Month

yrs.

Address

Manths

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nissioi	n)

Page director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm . COUNTY Talbot o. STATE filed 6 12 MARYLAND lamtland erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) plnous RtJ Tdfe-Easton X/Easton Ranal d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Route 3. NAME OF First Middle 4. DATE Lost DECEASED filled (Type or print) Leroy DEATH Emory Pages 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years DIVORCED | Male Coloredwipower 🛮 popers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) during most of working life, even if retired) Laborer Domestic puo Haryland pou 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME è physician Robert Emory Lisha Flamer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. attending Alice 6ie) an in v 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ä PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permit. an I Conditions, if ony, which gned gove rise to immediate **DUE TO** codie (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161/19 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Port II of item 18.) WEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Haur a. m. While Not while 19 at work at work 21. I certify that I attended the deceased from and that death accurred at 101 M, fram the causes and an the date stated above DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL prior SIGNATUR P PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 53 REMOVAL (Specify) or perville 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE

Talbot

. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSEVAND DEATH

WAS AUTOPSY PERFORMED? YES | NO |

(Stote)

DATE SIGNED

(State)

da

(County)

Lithat I last saw the deceased

12 CITIZEN OF WHAT COUNTRY?

Days

usa

ON A FARM? YES TO NO T

Yeor

19 57

Min

HOSPITAL VS A15 (4) 15M 9/55

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within

certificate

24a. REC'D BY REGISTRARY 14-246 REGISTRAR'S SIGNATURE

Z .V UA-

CECETA ET 833

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
~	CERTIFICATE OF DEATH Reg. Dist. No. 290
	1. PLACE OF DEATH Q. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Q. STATE MARYLAND COUNTY Description: Residence before admission)
	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Easton 43 Nw. Easton
Хи	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Memorial Hospital d. STREET ADDRESS, ON A FARM? YES NO DE
	3 NAME OF DECEASED (Type or print) although the desired of DEATH 2 27 195)
	5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) FUNDER 1 YEAR IF UNDER 24 HPS
1	100. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY Warding most of working life, even if relired)
*	13. FATHER'S NAME LEORGE T. Fluharty Hnne Smart.
* /	15 WAS DECEASED DIFFE IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Bessel Flux hoster Williams (14 yes, give wor or dates of service)
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH
	Conditions, if any, which gave rise to immediate (b) Reght lyabo therax
	lying cause last. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH If FITHER, NOTIFY MEDICAL EXAMINER!
- 1	
	20c. TIME OF INJURY Manth, Day, Year Mour a. p. 19 20d. INJURY OCCURRED While Not while of work of work of work of work
	21. I certify that I attended the deceased from 19, to 19, to 19, that I last saw the deceased alive an 19, that I last saw the deceased alive an 19, to 19,
	ACTUAL SIGNATURE ON STORES (Street, city or lown, stole) DATE SIGNET SIGNATURE M.D. 2/9 S Westington SX 28 Feb 57
	NAME (Type) E.C.H. Schmidt Eaglon 16, Maryland
	220. EURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY (22d. LOCATION (Gry. town, or couply) (Stole)
	Maurice E. Veril Minson Footen, Md Date 3/2 /57 72 M. Novem

SA CHARACTER

HISTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02206

2 GERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEA	SED
COUNTY Talbot	MARYSANII	STATEMarylan	d county Ta	lbot
CITY (If outside corporala limits, write RURAL OR and give pages town)	LENGTH OF STAY	CITY (If outside corpore	to limits, write RURAL and give	nearest town)
TOWN Easton	(in this place) 32 Vrs.	OR Easton		
HOSPITAL OR	J - 5		(If rural give locat	ion)
INSTITUTION OR STREET ADDRESS 545 S. Aurora S	St.	ADDRESS 545 S.	Aurora St.	
	Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Grace Elizabe		1t	DEATH FOD.	מת המ
5. SEX 6. COLOR OR 7. SINGLE, MARRIE			1	19
RACE WIDOWED DIV	ORCED.		59 Mont	
			yrs.	
done during most of working life, even If OR	OF BUSINESS INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT
retired) Housework Hou	sewife	Maryland		U.S.A.
13, FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Alonze Larmore		Josephine	Harrison	
	SOCIAL SECURITY NO.	17. INFORMANT & AD		Aurora St.
(Yas, no, or unk.) (If Yes, give wer or dates of service)		R. Elmer G	olt Easton.	Maryland
	18. MEDICAL CE		Das von,	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	*	1		ONSET AND DEATH
IMMEDIATE CAUSE (A)	Milhoma	liver		
ANTECEDENT CAUSE(S) DUE TO		+ .		
DISEASES OR CONDITIONS, IF ANY, (B)	ENCINOMA	1000		,
STATING UNDERLYING CAUSE LAST, DOE TO	0.000.4.04	La Cara	+- 1) P++	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	oonoma	79 LOUGA	1 XC/1	
TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH,		f		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS C	OF OPERATION			20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	, farm, factory, fice bldg., atc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a. While	INJURY OCCURRED	21f. HOW DID INJURY OCCUR?		
M. al wo		•		
22. I hereby certify that I attended the decease	sed from 6 1	7 1956 10 2	115 1957 th	at I last saw the deceased
alive on2-1.5, 19.5.7, and				
SIGNATURE			ESS (Street, city, lown, steta	
GEHT (TONKE T)	M.D.	136 5 11/0.	l= to 51	Costa 1/18/5
23. SURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town, or co	ounty) (Siate)
Burial 2/20/57	S.ring Hil	1 Cemetery	Moston Non	han a least
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	APTTIE III	25. FUNERAL DIRECTOR'S SI	Easton, Mar	ADDRESS
DATE 2/80/57 7.4.	lostein	1115 +	10 11	Easton, Md.
DATE TO SHOW IN	D-0-0-0	- PANILLON	1 (Janeth	Eastoll, Mu.

ampton

C.rroll

BUREAU V. R.

BECEINED

Tilghman, Md.

246. REGIETRAR'S SIGNATURE

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSEL AND DEATH

14-2-

PERFORMED? YES NO P

(Stote)

(State)

Day

ON A FARM? YES NO T

Year

1957

Min.

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15M 9/SS

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FEB 23 1057

DECENAL!

02209MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Talbot STATE Mary Land COUNTY MARYLAND LENGTH OF STAY (If outside corporate limits, write RURAL (If outside corporate fimits, write RURAL and give nearest town) end give nearest town) (in this place) TOWN 16 yrs Laston TOWN Baston HOSPITAL OR STREET (If rure) give location) INSTITUTION OR ADDRESS STREET ADDRESS Trippe Avenue 404 Trippe Avenue 3. NAME OF DATE (Month) (Lost) (Year) DECEASED 19 57 (Type or Print) Raymond Harrison Levi DEATH Feb. S SEX 6. COLOR OR 8. DATE OF BIRTH SINGLE, MARRIED 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Hours Male (Specify) viidower reb. 2, 1881 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY Talbot county, Maryland refired vanner good Frocessing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levi E. Harrison Mary E. Williams IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (N Yes, give war or dates of service) Mr. Stanley Harrison, Snerwood, Md. none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Cardian sailen Zuilles IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES T 21e ACCIDENT WAS UNDERLYING I 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY O CCUR? (City or town) (County) (State) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work at work 22. I hereby certify that I attended the deceased from Abus C 1976, to 3 + cb 1957, that I last saw the deceased alive on 28. SIGNATURE ADDRESS (Street, sity, fown, stele) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOGATION (City, lown, or county) (State) REMOVAL (SPECIFY) Snerwood Cemetery | Sher Sherwood 24. REC'D BY REGISTRAR W. TON

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registrar by the I

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2 N V.





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 2191 Rea. Dist. No. with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY o. STATE b. COUNTY MARYLAND uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN 2 Aff outside corporate fimits, write RURAL and give negrest town? RURAL and give nearest town) P day 6 m d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO R 3. NAME OF Middle 4. DATE Last Month Day Year 4 DECEASED (Type or print) DEATH 0 227 1 5 19 ruar within 5. SEX 6. COLOR OR RACE AGE fin yours HE UNDER I YEAR IF UNDER 24 HPS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Days Hours Min. DIVORCED WIDOWED [YES 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo an corbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician 72-Hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT (If yes, give wor or dates of service) offending 6026 18. CAUSE OF DEATH [Enter only one couse per fine for (a) o(b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ч PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) INIX **DUE TO** any Conditions, if ony, which ! (b) Bued gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPS CERTIFICATION PERFORMED? YES TA NO [20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c, TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) 0. 0. While Not while at work at work p. m. kd from. 19____that I last saw the deceased and that death accurred at 101551M, from the causes and an the date stated above. DIRECTOR: ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) (EMETERY 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 246-REGISTRAR'S/SIONATURE VS A15 (4) 15M 9/55



1	19	1	Stomal ENY	A MARYL	AND S	TATE DEPAR	TME	NT OF HEAL	TH-BA	LTIMORE,	18			
2	.6.			2185	DICA	L EXAMINE	ER'S	CERTIFICA	ATE OF	DEATH	Reg. Di	() 2 in No.	214	0
4 should be	-el		PLACE OF DEATH	LBOT		MARY	AND	2. USUAL RESIDENCE o. STATE M	(Where deced				ore odmi	sion)
Page	A. S. Carrie	T	o. CITY OR TOWN (IF and give nearest lawn)		RURAL	c LENGTH OF STAY I	N 16	c CITY OR TOWN	1	parate limits, write	RURAL and	give ne	arest lov	rn)
lirector.	20		f. NAME OF HOSPITA	AL OR INSTITUTION (I	not in hosp	oital, give street address)	d. STREET ADDRESS	3				ON.	SIDENCE A FARM?
ro.		1	NAME OF DECEASED (Type or print)	Lelon		enneth	Н	opkins	4. DATE OF DEATH	Month 2		23		9 57
ned for		5. 5	male	6. COLOR OR RACE white	7. MARRIE	DEVER MARRIED DIVORCED	_	June 12,1	916	9. AGE (In years less birthday) 40 yrs.	Months .	Doys	Hours	R 24 HRS Min.
be reto	1	100		ON (Give kind of work of life, even if refired) Sales Rep.		IND OF BUSINESS OR I	NDUSTR	11. 8irthplace (See	an d	country)	12. CITI		WHAT	COUNTRY?
2 . E	W .	13.	FATHER'S NAME R.Clyde	Hopkins				14. MOTHER'S MAIDEN Edna Le						
re Poge				ER IN U. S. ARMED FOI (Il yes, give wer or dotes of t		SOCIAL SECURITY NO.	17. IN	FORMANT		Address				
n 18. Gi rm PM3. permit.			PART I. DEAT	TH [Enter only one cause H WAS CAUSED BY:	26-74-	or (a), (b), and (c).]	res					INTER	YAL BETWE I AND DEA	EN
pencil in Item along with fo buriol-tronsit			978X											
n pencil a long a buriol			gave rise to immed (a), stating the u cause lost.	inderlying DUE TO (c).										
nding" i	0	CATION	PART II, OTH	ER SIGNIFICANT CONE	NITIONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TER	RMINALDISEAS	E CONDITION GIV	EN IN PAR'		WAS A PERFO ES	
d be		CERTIF	20g. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	TRIBUTING LI	_	HOW INJURY OCCURI			Part or Port	of item 18)				
the ward dicol Exo e 3 shoul		MEDICAL	20c. TIME OF INJUR Hour a m.	2-23-57 19	r 20d, II While of war	Nol while	facto	E OF INJURY (Home, for ry, street, office bldg., e d mill	Hc)	or town)	(Cou	^{mly)} Lbot	;	(State) Md
wriling lief Mac				at I taok charge from: Natural (emains described Accident ,		re, held an Autoride 📆 , Homicia		nspection X ,			and f	ind that
ficate, the Ch	4		ACTUAL SIGNATURE	anis ()	Kul	ty		M D CHIEF MEDICAL			-		DATE S	IGNED
the cert	, joval,		EXAMINER'S NAME (Type)	Louis S.We	lty 1	<u>ر</u>		ASSISTANT MED DEPUTY MEDICA		. —		2	-24-	57
10 P	O 10	220	BURIAL CREMATION REMOVAL (Specify)	Feb. 26.]		22c. NAME OF CEMETE Spring Hil			22d. LOCA	on, Md.	or county)		(Slote)
S. A15ME(5)) Š	23.	FUNERAL DIRECTOR			Easton, Me			2/26/5		TRAP'S SIC	NATUR 100	Kij	1

BUREAU V. E.

7861 - 1 9AL

BECEINED

02212

	W 1 J 1)				Keg	DIST. NO.	170
. PLACE OF DEATH			2 USUAL RESIDENCE (W	there deceased live	ed. If institution Res	idence before o	dmission)
o. COUNTY	albot	MARYLAND	Maryland	_	b. COUNTY		
b. CITY OR TOWN (If outside of		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		T'BIDO		fowa)
RURAL and give nearest low			·	confec corporois	mans, wine nonze o	and give necites	towity
Easton		Life	Easton				
d. NAME OF HOSPITAL (If not OR INSTITUTION	in hospital, give street	oddress)	d STREET ADDRESS			e. 15	RESIDENCE ON A FARM?
318 Sout	th		318	South	St.	YE	S 🔲 NO 🙀
NAME OF	First	Middle	Lost	4. DATE	Month	Day	Year
DECEASED (Type or print) V	erzetter	C. Jenl	ring	OF DEATH	2	73	19 57
		IED NEVER MARRIED	B. DATE OF BIRTH	9/		IDER I YEAR IF L	
			E/3E/E0		lost birthday) Mont		ours Min.
			2/12/78		78 715	61513511 65 14	
Oz USUAL OCCUPATION (Give during most of working life, e	wen if retired)		PIKE IT BISTHPLACE (210)	e or toreign counti	79) 12	CITIZEN OF W	HAT COUNTRY?
maid		Domestic	Marylar	ıd		U.S.A	
3. FATHER'S NAME			14 MOTHER'S MAIDEN	NAME			
John Clark			Mary Cl	ark			
S WAS DECEASED EVER IN U. S		SOCIAL SECURITY NO. 17.	INFORMANT	200442	Address	-	
Yes, no, or unknown) (If yes, give	war or dates of service)	75.4	ica Dombha	Ton ludes	m The arts		
In an and a second for			iss Dorthy	Jenkin	s Easto		
18. CAUSE OF DEATH [Enter		ne for (o), (b), and (c).					AL BETWEEN AND DEATH
	ATE CAUSE (a)						
ş ,	DUE TO	1 /	- 1	1 11-			
Conditions, if any, which	h) (b)	LAIDMIE.	Mesh	Asitas		34	1000
gave rise to immediate	e Course	A		Clarent Par	,	7	
cotse (o), stating the under	501.10	SDD a wood	110 110	1D mas	M	14	10 as
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5						YE	\$ □ ио □
20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS	LYING 20b. DESI	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 or Port II o	of item 18)		
(IF EITHER, NOTIFY MEDICAL	EXAMINER)						
20c. TIME OF INJURY Month	, Day, Year 20d. II		ACE OF INJURY (Home, for		lown)	(County)	(Stote)
Hour a.m.	While of wor	TANK MINING	ctory, street, office bldg , et	le.)		, , , ,	•
p. m.			11	1	10-		
21. I certify that I patt	ended the deceas	ed from 1/1/1	195/L., ta	12/ - 2	, 19 <u></u> ,tha	t I last saw	the deceased
alive an	194	7 and that death	occurred at	M, from th	ne causes and o	n the date s	tated above.
0 07	100	001			, city or lown, state)		DATE SIGNED
ACTUAL SIGNATURE	10masd	1. (124)	M.D. Easto	n.Md.			2/12/57
140	1.1000	71011	mv				-1-TC+-7-1
PHYSICIAN'S HAVW	Ard T. We	bb					
	DATE THEREOF				1.00		
	/1E/E	22c. NAME OF CEMETERY C		ZZd LOCATION	(City, town, or coun	ity)	(State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

FEB 20 1957

BECEINED

1		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 5%	RU	7	2194 CERTIFICATE OF DEATH (1)2214 Reg. Dist. No. 290
h' Roge 4 si director, filed with	(III		PLACE OF DEATH O. COUNTY A 1 6 COUNTY D. COUNTY A 1 6 C
offer death the funeral shauld be f			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ACCOUS XO RURAL and give nearest town)
by the	Q*		d. NAME OF HOSPITAL (If not in hospital, offe street oddress) OR INSTITUTION C. IS RESIDENCE ON A FARM? YES \(\sum \no \sum \) NO \(\sum \no \su
in 21 hou filled n			NAME OF DECEASED OF First Middle / Month Day Year (Type or origin)
# # S		5. :	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS. 15 COLOR OF BIRTH 15 COLOR OF BIRTH
elecuted v nd complet on papers. death.	1	100	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY/ WHAT COUNTRY/ WHAT COUNTRY/ WHAT COUNTRY/
tio≡ on carbor carbor		13.	FATHER'S NAME DALA MOTHER'S MAIDEN NAME MALLEN MAIDEN NAME MALLEN MAIDEN NAME
h certificate le elle ling lihysiciol and o se remove carbon p 72 tromagiter dec	1)	15. (Ye	WAS DECEASED EVER IN IS S. ARMED FORCES? Id. SOCIAL SECURITY NO 17. INFORMANT Address of services (If yes dies wor or dotes of service)
attending oppose re within 72	,		18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c)] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
y the They avent			DUE TO
gned permi	`		Conditions, if any, which gove rise to immediate couse (a), stating the under-
e law rec physicion. as bee≡ si al-tronsit oval, and		CATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES AUTOPSY
ending ficola he the buri		CERTIFI	20g. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
PHYSIC al or off his curb use as emotion,		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jr. P. m. 19 Of work of wor
NDING hospite After t ched far			21. I certify that attended the deceased from
R ATTER d by the RECTOR be deto	1		ACTUAL SIGNATURE M.D. 719 S. Washington St. 11tcl. 37
retaine			PHYSICIAN'S E.C.H. Schinidt Easton 16, Maryland.
may be Dege	*	L	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220 OCHTON (City, Towns or country) (Stote) Survival 3/13/57 Olivet D. M.
VS A15 (4) 15M 9/55	A 34	23.	EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE 2/3/57 A-FT DURIN
	T.		

BUREAU V. S.

BECEINE

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (12215)
	2195 CERTIFICATE OF DEATH Rog. Dist. No. 290
	1. PLACE OF DEATH O COUNTY 1 A 1 bot MARYLAND 2. USUAL RESIDENCE (Where deceased hived. If institution Residence before admission) b. COUNTY Talbot MARYLAND
_	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Easton 30da. Lo Easton
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION ON A FARM? YES \(\) NO \(\)
	3. NAME OF First Middle Lost 4. DATE Month Day Year OF DECEASED (Type or print) Robert F Matzeit DEATH 8 14 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male Win, te widowed Divorced 9- 15- 1906 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS loss birthday) Months Days Hours Min.
, .m. 1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPIACE (Stote or foreign country) 12 GITIZEN OF WHAT COUNTR CAY DEN TEY 12 GITIZEN OF WHAT COUNTR CAY DEN TEY 13 BIRTHPIACE (Stote or foreign country)
I	73. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TO THE TOTAL OF THE PROPERTY OF T
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (FI.6. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown (If yes, give wor or dates of service) M. C. S. Armed
	18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).] PART 1. DEATH WAS CAUSED BY: 100 PER OF 17 P. ON SET AND DEATH ONSET AND DEATH
	Conditions, if ony, which) to Carcinoma of Stomach / General
	gove rise to immediate cause (a), stating the under- lying couse last. Column C
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEDRY YES NO 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CAUSE OF
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. pt. While Not while of work
	21. I certify that I attended the deceased from 1926, to 2/14, 1957, that I last saw the deceased alive on 1926, and that death occurred at 2:25AM, from the causes and an the date stated above
	ACTUAL SIGNATURE
/	PHYSICIAN'S S. Krech Tr. Easton, N. Q.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION Only, town or county) (States)
100	23. FUNERAL DIRECTOR'S SIONATURE ADDRESS DATE 240. REGISTRAR 240. REGISTRAR 240. REGISTRAR 240. REGISTRAR STENATURE JOHN 2 - 16-57 N. H., PULLIN



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	6
2196 CERTIFICATE OF DEATH Reg. Dist. No.	90
1. PLACE OF DEATH 6. COUNTY TALBET CO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution-unresidence before admit on STATE MODILIARY COUNTY AROUNT AROUNT MARYLAND	el
RURAL and give marest town) Lett Ston Md. 33 decus. Lecus have Mich	vn) .
OR INSTITUTION.	SIDENCE A FARM? NO Z
3. MAME OF DECEASED (Type or print) (Cyl. First	Year . 19 5-7
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED VIDATE OF BIRTH 9. AGE (In years lift UNDER I YEAR IF UNIT 100	
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 110. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or fareign country) 111. Sc	T COUNTRYY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unknown) (If yes. give wor by dates of service) (Worton, 5	nd.)
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 2. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	BETWEEN D DEATH
Conditions, if any, which gave rise to immediate DUE TO	
lying couse lost. (c) /Odv (25 /74/2021/76/27/2/2/2/	AUTOPSY
PERFYES P	ORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat white at work at work at work at work at work.	(State)
21. I certify that I offended the lackased from 19, and that death accurred at 11300 M, from the causes and an the date state	
ACTUAL SIGNATURE C. C K. C. M.D. 2195 (Street, city or lown, stole)	ATE SIGNED
PHYSICIAN'S E. C. H. Schmidt Faston 14 Mary lang	
remotion 2/27/57 Selverbrook Wilmington Del	nie)
TE Doulces Prienstore Wel. Date 2757 7 11 11 1009	uis
MEDICAL CERTIFICATION	PLACE OF DEATH Reg. Dist. No. 2. SUMAL BESIDENCE Where decreased lived. It instintions and account for the composition of the

DECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2213 CERTIFICATE OF DEATH

	022	1-7
Reg.	Dist. No.	24/

	96.0				wag. Dist.	140. 45/
	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WHO STATE			petore admission)
)	Talbot	YLAND	Marylan		COUNTY Talbot	
	b. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town)	TIN 16	c CITY OR TOWN (If a	utside corporate limi	ts, write RURAL and give	nearest town)
	Rural St. Michaels, Md. 1 month		× Rural	Easton		
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
0	Rio Vista Nursing Home		Doncast	er		YES NO.
	3. NAME OF First Middle	ŝ	Last	4. DATE	Month	Day Year
	(Type or print) VIOLA D)	RICE	DEATH ST	eb. 24.	19 57
	5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRI	IED 8	DATE OF BIRTH	9. AGE		EAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCE	ED []	August 8,		yrs. Months Da	ys Hours Min.
1	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS of during most of working life, even if retired)	OR INDUST	TRY 11. BIRTHPLACE (Stole	ar foreign country)	12. CITIZE	N OF WHAT COUNTRY?
_	Housewife		Marylan	d	U.S.	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
	James H. Dulin		Anna C	heezum		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO). 17. IN	FORMANT		Address	
)	no 214-12-8199	M	Ir. Harry Ric	e l	Doncaster, 1	Easton, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)	1 2.	00 0	-0	. 1.	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MY COLOR	alis	et hufar	dean	· hi	michalle
	1/20 DUE TO 1 2 .		7 . 42			17
	Conditions, if any, which) on Caralyse	16	alune			2 why
	gove rise to immediate out to	1				
	lying couse lost.	F				
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TERM	NAL DISEASE COND	ITION GIVEN IN PART 1	o) 19. WAS AUTOPSY PERFORMED?
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	-110	maid E	melas	tores	YES NO
	# 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY C	OCCURRED.	. (Enter noture of injury in	Port 1 or Port II of ite	m 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work		CE OF INJURY IHome, farm) (Cou	nty) (State)
	Haur o. m. P. m. While Not while of work at work	Ideic	ory, street, office bldg., etc	1		
	21. I certify that I attended the deceased from 2	16	1957 to 2	-19	195 Othat Llas	t saw the deceased
	50 10 00	t death	occurred at 242	· ·		date stated above.
	V - B	i dodiii i		ADDRESS (Street, city		DATE SIGNED
/	SIGNATURE CONTROLLED	M	Millet	rely n.	1cl. 3	7-26-57
	1			208-268 a f., \$	h-=-b	
	PHYSICIAN'S NAME (Type) Dr. Guy M. Reeser, Jr.			St. Michael	els, Md.	
	270 BURIAL, CREMATION, 276, DATE THEREOF 22c. NAME OF CEN	AETERY OR	CREMATORY	226. LOCATION (C	ty, town, or county)	(Stote)
	Burial Feb. 27, 1957 Spring	Hill	Cametery	Easton,	Md.	
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	242	24a. REC'	D BY REGISTRAR	24b. REGISTRAR'S SIGN	TURE O LL
	Maurice E. Newnam & Son Easton,	MG.	DATE 2	124/57	Mr. Mol	TK. Deth

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 n by the funeral director, d 2 should be filed with may be retained by the haspital or attending physician.

TO FUND AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filling page.

To FUND AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filling page.

The registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

BUREAU V. L.

DECELVED

CERTIFICATE OF DEATH Rea, Dist. No. with il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admirstant 200 g. COUNTY o. STATE b. COUNTY MARYLAND death. erol b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give negrest town) 5 2 da. 70 A after d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 hours YES NO T 3. NAME OF //Middle First 4. DATE lost Day Year DECEASED OF (Type or print) DEATH 19 within ? 5. SEX 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF WIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HES lost birthdoy) Months Hours Min DIVORCED | WIDOWED | YES 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) oug carbon ofter o 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion certificate 72 hours WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANI 16. SOCIAL SECURITY NO. Address [If yes, give war or dotes of service] affending 9509 18. CAUSE OF DEATH [Enter only one couse per him for (o) (b), and [c] INTERVAL BETWEEN ONSESAND DEATH 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Š Ė guy Conditions, if any, which (b) been signed gave rise to immediate peri DUE TO cause (a), stating the underand lying cause last burial-transit PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY remayal, PERFORMED? YES | NO cate 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day. Year 20d. INJURY OCCURRED (County) (Slote) factory, street, office bldg., etc.) Ночг g. f). While Not while ol work at work 19 57 that I last saw the deceased 21. I certify that I attended the deceased from ached alive on and that death occurred at M, from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city, or town, state) DATE SIGNED ACTUAL P PHYSICIAN'S NAME (Type) 220. BURML, CREMATION REMOVAL (Specify) 22c. NAME 22b. DATE THEREOI 22d. LOCATION moy 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 245-REGISTRAR'S RIGNAZURI VS A15 [4] 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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BUREAU V. S.

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02219
	-		CERTIFICATE OF DEATH Reg. Dist. No.
Poge 4	16		LACE OF DEATH COUNTY ALDO MARYLAND 2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] b. COUNTY ALDO ALDO ALDO ALDO ALDO ALDO ALDO ALDO
death.	400	t	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEW COND 15 YEARS 15 YEARS 15 YEARS 15 YEARS
by the	00		I. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION or Syrest Address d. Syrest Address or A FARM? YES \(\) NO \(\)
illed po			IAME OF LOST AUGUSTA Middle Lost OF DEATH HED 13 1957
d within		5 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED W 8. DATE OF BIRTH APRIL 20 1922 9 AGE (In years IF UNDER 14 FR.) Months Doys Hours Min. APRIL 20 1922 9 AGE (In years 15 UNDER 14 FR.) Months Doys Hours Min.
execute nd comp	1	Ma.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) HOUSE WORK 12. CITIZEN OF WHAT COUNTRY
icion or e corbo			NILLIAM G. SMITH AUGUSTA M. LATIMER
certific ng phys remov 72-hour	I,	15. (Yas	NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. OF WINHOWN] I'M you, give wor or dates of service) RONE Henry For Smith. Mercont Med.
ottendi n pleos			18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH IMMEDIATE CAUSE (b)
that the by the it. The ty even			Canditions, If any, which) (b) Sangerene of lent. 4mon
equires igned it perm			gove rise to immediate case (o), stating the under- lying cause last Common Com
physicio as been ol-trons oval, or	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES [] NO [P]
AN: The ending ficote hit the buri		CERTIFIC	20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)
PHYSICI of or oth his certif use os smation,		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 While Not while of work o
hospite After the hed for riot, cre			21. I certify that I attended the deceased from
ATTEN by the ECTOR: e detac			ACTUAL SIGNATURE ADDRESS (Street, city of form, store) DATE SIGNATURE M.D. ST. H.C. 126 C. Y. 2 and 2 -14-5%
TAL OR retained AL DIR ror price	- 1		PHYSICIAN'S NAME (Type)
MOSPI moy be r poge the regis		220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d (OCATION (City, Town, or county) (Stote) REMOVAL (Specify) 2/16/57 Whish Committee and Shall 2nd)
YS AIS (4)	100	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS AND LEGISTRAR 246. REGISTRAR'S SIGNATURE ADDRESS
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Mainel R. 3.

CECEDACE DECEMBER 1925



11/2			MAF	RYLAND	STAT	E DEPART	MENT OF	HEALTH	H-BALTIN	AORE, 18	0.2	2220	
. Viè				-	R	CERTIFIC	ATE OF	DEAT	Н		Reg. Dist.	-	4
Poge with		ACE OF DEATH				MARYLANI	D. STATE	-	here deceased live	b COUNTY		efore admis	sion)
F. 2 2	-	Talb		limits, write	C LENG	TH OF STAY IN 1	War	yland	outside corporate !		albot	negresi law	n)
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of the fa		Easto)		tal, give stree	et oddress)	Life		STOP T ADDRESS				e IS RE	SIDENCE
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ğ [] []	3. 1	IAME OF	VEI III	First		Middle		Lost	4. DATE	Manth			Year
2 = 2		ECEASED Type or print)	James G	arfie	าล		Smith		OF DEATH	2	/a	,	1957
within 2 rely fills Pages	5. S		6. COLOR OR RA	ACE 7. MA	RRIED N	NEVER MARRIED	THE SHARE AND A SECOND	IRTH	9 A		FUNDER 1 Y		ER 24 HRS
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Som poper	10a	USUAL OCCUPATION	ON (Give kind of a	ork done 10	b. KIND OF	BUSINESS OR IN	DUSTRY 11. BIRT	HPLACE (Stote	or foreign country	with	12. CITIZEI	OF WHAT	COUNTRY?
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on an or corbor offer offer	13.	ATHER'S NAME					14. MOTHE	R'S MAIDEN I	NAME				
physicion physicion haurs off	J	ames Sm	ith				Ha	ttie	Sharp				
Physical A 2		WAS DECEASED EVE	R IN U. S. ARMED		6. SOCIAL S	SECURITY NO. 17	INFORMANT			Addre	is .		
5 E S C	0						John	Smith	Eastor	. Ed.			
offending offending within 72		18. CAUSE OF DEA			line for (a)	, (b), and (c).]		0				NTERVAL B	ETWEEN DEATH
9 5 5		PART I. DEA	TH WAS CAUSED IMMEDIATE CAU	BY: SE (o)		orong	in the	inne	Foris			luin	ute
by the		2755 231	7	E 70	3	10 - 13	208	70				1	,
五 五 五 五 日		Conditions, if a gave rise to i	mmediate	(b)		rece y	ochen	<u>e</u> (22	rasar	cc		17/	
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icio iicio iicio rans I, an	Z Ö	PART II. OTI	HER SIGNIFICANT		CONTRIBL	JTING TO DEATH	UT NOT RELATED	TO THE TERM	INAL DISEASE CO	NDITION GIVE	N IN PART 1() 19 WAS	AUTOPSY
os physical	Š	0			V								DRMED?
AN: The and	CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING E	206. DE	ESCRIBE HO	W INJURY OCCU	RED, (Enter natur	re of injury in	Port I or Port II o	item 18.)			
SICI SELLE		20c. TIME OF INJUR	RY Month, Doy,		INJURY O		PLACE OF INJUR foctory, street, o	Y (Hame, farm	n, 20f. (City or to	own)	(Cour	nty)	(Stote)
E of side of	MEDI	Hour o.m.		19 While of w		t while work	100101), 211001, 0	The brogs, an					
No de la		21. I certify th	nat I attended	the deced	ased fran	nyck 27	, 195	6. 10 12	89	1957	that I las	t saw the	deceased
British Hand		alive an	7-8	19	57	, and that de	th occurred	at_5/	L_M, fram th				
det of			1. 7	Q.	-			53	ADBRESS (Street	city or town, st	april 1	D	ATE SIGNED
Prior	L.	ACTUAL SIGNATURE	UTI	Jul	u		M.D	[G-1	Gon W	coup	la. L	2-1	19-5
retaine ver principal de la contraction de la co	1	PHYSICIAN'S NAME (Type)	XA-F.	130	e ((_5 e	ton	Ma.			
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DABEYN A. F.



CERTIFICATE OF DEATH 2199 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 1h c. CITY OR JOWN (if butside corporate limits, write RURAL and give negrest town) RURAL and give nearest tawn) STON On d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? mor YES INO F 3. NAME OF First Middle 4. DATE Month Doy Year DECEASED OF DEATH (Type or print) 195 5. SEX 6. COLOR OR RACE 7. MATRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days DIVORCED [WIDOWED | YTS. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BETHPLACE ISlate or foreign country) 12. CITIZEN OF WHAT COUNTRY! during most of working life, even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enler only one cause per line for (a) (b), and (c).] INTERVAL PETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CATIO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a. n. While Not white at work | at work p. m. 21. I certify that I attended the deceased from Lithat I last saw the deceased alive on and that death occurred at___ M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) **PATE SIGNED** ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATION, BENOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR Q46. REGISTRAR'S STONATHER DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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2200 **CERTIFICATE OF DEATH** Reg. Dist. No. Filed with 1. PLACE OF DEATHL 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY. o. STATE b. COUNTY MARYLAND uneral b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (1) putside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 2012 d, NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? within 24 hours YES NO K NAME OF First 4. DATE Month Year Day DECEASED OF DEATH 195 (Type or print). 5. SEX 6. COLOR OR RACE 7. MARRIED DE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR last birthday) Months Days Hours Min WIDOWED | DIVORCED [yes. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign county) 12. CITIZEN OF WHAT COUNTRY? during most af)warking life, even if retired) GERMANI menis 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dates of service) CAUSE OF DEATH [Enter only one cause per_line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DOPUZISM DUE TO Dalal X Conditions, if any, which Ē gave rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES (X) NO [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Haur o. ri. While Not while 19 at work at work that lattended the deceased from ___, 19____that I last saw the deceased M, from the causes and on the date stated above. DIRECT ACTUAL SIGNATURE ð TO HOSPITAL PHYSICIAN'S NAME (Type) 226. DATE THEREOF 22d_BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) LLas 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS-24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE

MAKYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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. J.E			2201 CERTIFICA	TE OF DEATH	Reg. Dist. No. 290
director	P		PLACE OF DEATH O. COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (Where deceased lived If in o. STATE Mary land b. COL	stitution Residence before admission) UNITY CAPOLINE
e funeral	,	L	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 1-05+CN 1-0	c CITY OR TOWN (If autside corporate limits, w Preston d. STREET ADDRESS	rite RURAL and give nearest town) V e. IS RESIDENCE
n by th	1		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIAL HOSpital		ON A FARM? YES NO
nin #4 h			NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IT E	lost d. DATE OF DEATH B. DATE OF BIRTH P. AGE (in y	Manth Day Year 2 /3 19 57 rears IF UNDER 1 YEAR IF UNDER 24 HRS
apletely ers. Pc			emale B WIDOWED DIVORCED	12 - 2 - 48 test birth	yrs. Manths Days Hours Min.
ond con	11	L	USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired) C h FATHER'S NAME	Maryland 14. MOTHER'S MAIDENNAME	12 CHIZEN OF WHAT COUNTRY.
ficate ysicion ave carb			Manson Townsend	Dorothy Town:	send
oth certification of the certi		(Ye	NO 11 yes, give wor or dates of service)	nouson June	rend falker
the dec he atten hen ple ent with			18. CAUSE OF DEATH [Enter only one couse per line far (a). (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Beach	in gites - come un de	INTERVAL BETWEEN
ed by I			Conditions, if any, which gove rise to immediate (b) February College	onyeleti - general	jail 2mo.
cian. cian. en sign ansit pe		z	couse (o), stating the under DUE TO lying couse lost. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IT	Premonia	(day
The fav g physic has be urial-tra	· .	FICATION		. (Enter nature of injury in Part I or Part II of item 18	PERFORMED? YES NO
ICIAN: offendin rifficote is the b		CAL CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
ital ar a this cel or use a		MEDIC		CE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (State)
INDINI he hasp R: After ached f burial,			21. I certify that I attended the deceased from 12-44 alive on 2-12, and that death	occurred at 2:48 A.M. from the caus	es and on the date stated above
MRECTO MRECTO J be del	1		ACTUAL John & Bayloutt	A.D. 205 Earle are	aven. state) DATE SIGNED ALON Md 2(15/5)
PITAL Se retoin FRAL Coult		22.	PHYSICIANS John E. Baybutt	144	
moy to FUN		L	BURIAL CREMATION, 226. DATE THERFOF 22c. NAME OF CEMETERY OR STORY OF THE STORY OF	tou their	tow ma
VS A15 (4) 15M 9/55	1	23.	James B. Washell : Tellow	DATE 2,657	M. Newy

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	_	PLACE OF DEATH	444				II	CITAL BECKEN	1.040		Reg. Dist.		10
/		. COUNTY	BOT / V			MARYLA		SUAL RESIDENÇE STATE	! [Where dece	ased lived. If Instit b. COUN		before odn	vitriou)
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	1	and give nearest town) EASTON)				$\parallel \times$				•		
1	¢		AL OR INSTITUTION	(If not in h	ospitol, gi	re street oddress)	1	STREET ADDRES	S			10	RESIDENCE A FARM? NO
	1	NAME OF DECEASED Type or print)	Fi	rsi		Middle		Lost	4. DATE OF DEATH				Yeor 19 57
		EX twin	6. COLOR OR RACE				8. DATE	OF BIRTH		9. AGE (in years last birthday)	Months Da		DER 24 HRS
		emale	negro	WIDOW		DIVORCED []			1957	yn.			0
0	d	uring most of working	DN (Give kind of working life, even if retired)	done 10b.	. KIND OF	BUSINESS OR IN	DUSTRY 11.	BIRTHPLACE (SI	ote or for ei gn	country)	12. CITIZEI	OF WHAT	COUNTRY
5 %	13.	FATHER'S NAME					14. M	OTHER'S MAIDE	NAME				
			ER IN U. S. ARMED FO		SOCIAL	SECURITY NO. 1	7. INFORM	ANT		Address			
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			TH [Enter only one co TH WAS CAUSED BY:									INTERVAL BETWO	VEEN EATH
		3	IMMEDIATE CAUSE (mnal	abortion	1-peri	oration	skull,			·	
		1 11 1	DUE TO										
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1		(o), stoting the u	underlying 6	1									
	CATION		HER SIGNIFICANT CON	IDITIONS C	CONTRIBU	TING TO DEATH B	UT NOT REL	ATED TO THE TEI	RMINALDISEA	SE CONDITION GI	VEN IN PART 1(o) 19. WAS PERFO YES	AUTOPSY ORMED?
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	2	p. m. 21 Leartify th	at I took charg										E
			from: Natural							Indetermined		i, and	iina ine
		ACTUAL SIGNATURE	(Wilia)	1/6	itt			CHIEF MEDICAL	EXAMINER [3		DATE	SIGNED
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							On corre	TORY	1224 100	TION LACT.		151.	101
	220	REMOVAL (Specify) Cremati	2.0		22c. NA	ME OF CEMETERY	OR CREMA	TORY	220, EQC	ATION (City, town,	or county)	(Sto	ne)

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					STATE DEPAR					18 ()2	2227	
7				EDIC	AL EXAMIN	ER 3	CERTIFICA	AIE OF	DEATH	Reg. Dist.	No.	190
1	1, P	LACE OF DEATH COUNTY	OT ???	220	MAR	(LAHD	2. USUAL RESIDENCE 0. STATE	(Where deced	b, COUNT		before odmi	ission)
	b.	CITY OR TOWN (If and give negrest fown)		ritu RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside co	rporole limits, write	RURAL and gi	re negrest to	wn)
"	d	NAME OF HOSPITA	AL OR INSTITUTION	(If not in	hospitol, give street address	16)	d. STREET ADDRESS	5	derek de er de en en en de de er en en de en		ON.	ESIDENCE A FARM?
	E	FAME OF DECEASED Type or print)		first	Middle		Last	4. DATE OF DEATH	Feb. 4-	-te-		9 57
ľ	5. \$1	ex twin	6. COLOR OR RAC	E 7. MA	RRIED NEVER MARRIE	D 🔲 B.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TYPE		
1		female	negro	WIDO	WED DIVORCED		Feb. 4-5-,	1957	yrs.	Months Day	Hours	1 2
2	10a. di		N (Give kind of wor	k done 10 l)	6. KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (See	ote or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY
	3.	FATHER'S NAME	·				14. MOTHER'S MAIDEN	NAME			·	
		WAS DECEASED EVE	ER IN U. S. ARMED F (If yes, give wer or dates		16. SOCIAL SECURITY NO.	17. ih	FORMANT		Address	}		
		PART I, DEAT 983 X Conditions, if or gove rise to immed (o), stoting the ucouse lost.	H WAS CAUSED BY. IMMEDIATE CAUSE DUE To The course of the	(c) St	ine for (o), (b), ond (c).]						NTERVA, BETWE	ATH
	CERTIFICATION				CONTRIBUTING TO DEAT					VEN IN PART 1	PERFO	AUTOPSY DRMED?
	CERTIF	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING 🔲 🔻		ribe how injury occur iglod & skull				·			
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		21. I certify the death resulted			e remains describe		ve, held an Auto cide [], Homici		Inspection Indetermined	-	, and	find tha
2		ACTUAL SIGNATURE	122	160	tt,		_M.D. CHIEF MEDICAL	EXAMINER []		DATE S	
		EXAMINER'S LO	uis S.Wel	ty			ASSISTANT MEDICA				2-1	L5-57
		PUR.AL, CREMATIO REMOVAL (Specify) Cremate	N. 22b. DATE THER	EOF	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOC	ATION (City, town,	or county)	(State	c)
	23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24c. RI	C'D SY REGIS	TRAR 24b. REG	ISTRAR'S SIGNA	NTURE	



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1./	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1222)
15	CERTIFICATE OF DEATH Reg. Dist. No. 290
irect with	1. PLACE OF DEATH a. COUNTY 1 A L Q O T MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY 1 A L Q O T MARYLAND MARYLAND
Per fil	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
he fun	EASTON 26 LANS : FASTON
2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIAL ON A FARM? YES DENCE ON A FARM? YES NO ID ON A FARM?
ller in	3. NAME OF DECEASED (Type or print) WILLIAM ARTHUR WALKER DEATH FERRUARY 13 1957
Pages	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS lost bushday) Months Days Hours Min.
campletely papers. Pa	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
and can bon pap	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
5 5 5	WILLIAM HWALKER LOTTIE DAVIS
ing physic is remove 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (You, no. or unknown) No Address Walker Address Walker Some Some Some Some
lendin pleose ithin	18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).]
he atl	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 72 mox > 172 a.e. DUE TO
d by the nift. T	Conditions, if any, which) By Op > Op / 13 9 US VEXICIES
sit per	gave rise to immediate cause (a), stating the under- lying cause last. DUE TO (c) //x//705/5 0 / //VC>
physician os been ol-transi aval, an	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19 WAS AUTOPSY PERFORMED? PERFORMED? YES, ET NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)
Ant: In	
of or att this certi	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. While Not while p. m. 19 of work of work of work
haspith After I ed for iol, cr	21. I certify that I gleaded the deceased from
TOR: defoch	alive an, and that death accurred at 9:30 P.M. from the causes and on the dote stoted above. ADDRESS (Street, city or taym, state) DATE STENED
or be of prior	SIGNATURE CELYPPING M.D. 219 5 W2571175/W7 ST, 137365/
PAL COUNTY	PHYSICIAN'S E.C.H. SCHILLET E.C. F. SCHIBBLETTA
FUNE Poge he reg	220. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
VS A15 (4)	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR RID. REGISTRAR'S SIGNATURE
15M 9/55	Moure K. Hourtrem vsen From, Mid. DATE 2/16/57 / 14. // exces

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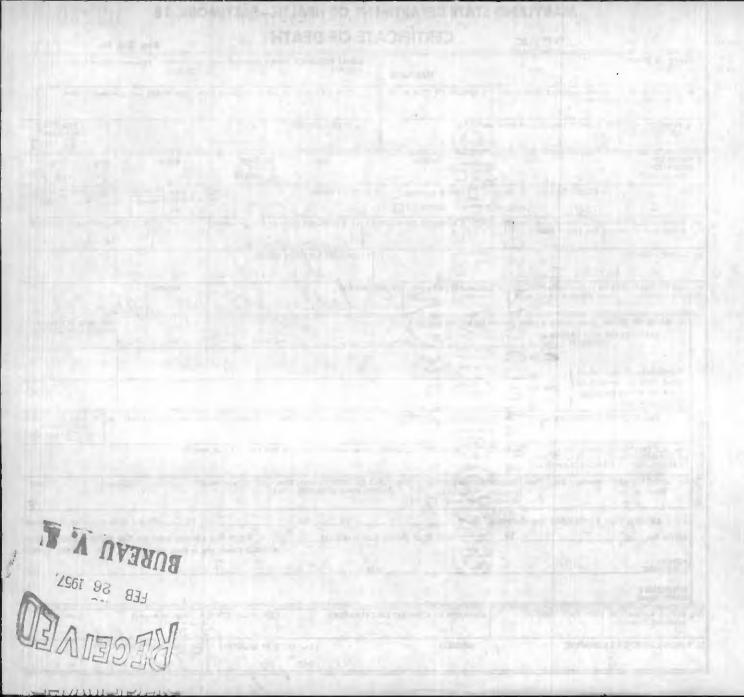
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

DECEIVED 1957

		MARYLANI	D STATE DEPARTM	ENT OF HEALTH-BAL	TIMORE, 18	02230)
A		2205	CERTIFICA	ATE OF DEATH	Reg.	Dist. No. 2	70
	1. PLACE OF DEA o. COUNTY	Talbot	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE / NOTA / AN	d lived. If institution: Res	anoline	ion}
	b. CITY OR TO RURAL and g	WN (If outside corporate limits, write give nearest town) E a 5 fow	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (19 autside corpor	orate limits, write RURAL o	nd give nearest town)
80	d. NAME OF H	IOSPITAL (If not in hospital, give stree	HOSpital	d. STREET ADDRESS			DENCE FARM? NO
	3. NAME OF DECEASED (Type or print)	Georgian		Whittico DEATH	Feb.	1.1	Year 1957
	5. SEX Ze	/ do/ widow	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH WELL 1. 1882	lost birthday) Mont	DER 1 YEAR IF UNDE	R 24 HRS. Min.
1	10o. USUAL OCCL during most o	JPATION (Give kind of work dane 10k of warking life, even if retired)	6. KIND OF BUSINESS OR INDU	STEP 11. BIRTHPLACE (Stote or foreign,	ountry) 12.	CITIZEN OF WHAT	COUNTRY
	13. FATHER'S NAM	Asbury Clark	•	14. MOTHER'S MAIDEN NAME Annie B. (L	ast name unk	nown)	
I	15. WAS DECEASE (Yes, no. or unknown)	DEVER IN U. S. ARMED FORCES? 16	6. SOCIAL SECURITY NO. 17.	Stolla In	Address 7	10010)
	Conditions, gove rise couse (o), st lying couse		arter	NOT RELATED TO THE TERMINAL DISEAS	General,	ONSET AND	
0	29a ACCIDEN	UT WAS LINITEDITYING TO 206 DE		D. (Enter nature of Injury in Port I or Por		PERFO	RMED?
	OR CONTRIBL	UTING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		ACE OF INJURY (Hame, form, 20f. (Cin		16aunta	(State)
	Haur e	p. n. While	le Not while for	ctory, street, office bldg., etc.)		(County)	(Sidie)
1	21. 1 certif	by that I attended the decea	2 1		n the causes and or		
1	ACTUAL SIGNATURE_	1/20	To T	M.D. Santo	22-d		TE SIGNED
	PHYSICIAN'S NAME (Type)						
	SEMOVAL ISE	AATION, 22b. DATE THEREOF CLOR'S SIGNATURE	22c, NAME OF CEMETERY O	on als	TION (City, tawn, or count	Md.)
	- Line Family	- Anti- Andrews Aug 4	III MUDICUS	24a. REC'D BY REGIST	RAR 246. REGISTRAR'S	2 ANTI- TAKE	



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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